

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>A. Signature <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive;"> </div> </p> <p>B. Received by (Printed Name) <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive;"> </div> </p> </div> <div style="width: 35%;"> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> </div> </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;"> Rondale Bradford 6220 Arlington Ave Raytown, Mo. 64133 </div> <div style="margin-top: 20px;"> 18-cv-414-ODS # 12 </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div style="width: 45%;"> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. A 7012 3460 0001 7395 8507</p>	
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>	